U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 7/02

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name BILLIELEE - WHELAN	Name LOCAL 803, 1. B. T.	
9.2	Labor Organization File Number 068-131	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 111 ACAPULCO STREET	Street 91-01 80 STREET	
City ATLANTIC BEACH	CITY WOODHAVEN	
State NEW YORK ZIP Code + 4 1/509	State NEW YORK ZIP Code + 4 11421	
5. Position in labor organization. PRESIDENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	The state of the s	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
City		
State _{phologic} of the second		
Signature Billie Lee Whelan		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Sillie Kee Whelan	On 8/9/05 7/8 296 3880 Telephone Number	
Form LM-30 (2003)		
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Name of Person Filing BILLIE LEE WHELA	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name LOCAL 803 PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 91-01 80 ST REET City WOODHAVEN, X State NEW YORK ZIP Code + 4 1/421	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Related Pension Fund for Union Members	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,412,934 12.a. Nature of interest held or income received. Educational National Labor Management Conference Feb 12-17th Ft. Lauderdale, Fla. Registration, Airfare, Lodging and reasonable expenses. 12.b. Amount. \$2,984.47	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing BILLIE LEE WHELA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise.
8. Name and address of Business (including trade name, if any). Name Local 803 PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 91-01 80 STREET City WOODHAVEN State ALEW YORK ZIP Code + 4 1/421	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. Related Pension Fund for Union Members
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. # 1,412, 934 12.a. Nature of interest held or income received. Educational Conference Teamsters Trustee Education March 15-18th Las Vegas, NV Airfare and reasonable expenses
	12.b. Amount. # \$ 835.20
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any Street	
City	·
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing BILLIE LEE WHELA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to or otherwise.
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name LOCAL 803 PENSION FUND	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any Street 91-01 80 STREET	c. Employer
City WOODHANEN	
State NEW YORK ZIP Code + 4 1/421	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Related Pension Fund for Union Members
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11 h Approximate dellar value of such dealing.
City	11.b. Approximate dollar value of such dealing. 41,412,434
State ZIP Code + 4	Luncheon - Discuss Investment
	12.b. Amount. 47.45
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City .	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Halle OF PERSON PHINING DIRACTE LEE WHELF	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name LOCAL 803 FENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9/-0/80 STREET City WOODHAYEN State NEW YORK ZIP Code + 4 1/42/	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. Related Pension Fund for Union Members	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,412,934. 12.a. Nature of interest held or income received. Parking Fee Paid in 1/04 For Out of Town Travel in Dec '03 12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	